IIRO has also taken the responsibility for drug supply and reconstruction.
Eng. Sher Rahman (Jamiat) is responsible for the management of the hospital and there seems to be a good relationship between all parties, despite their political differences.

Refurnishing was going on, with the painting finished (aid from AMA), windows repaired and electrical rewiring done. 5 kw diesel generator provides electricity for the light bulbs. IIRO repaired the water system and also provides the drugs.

Currently, OPD and lab are being done and some inpatients are kept. There are 12 beds. We saw 4 male inpatients.

Most of the activities are outpatient srevices, and we did see men, women and children visiting the facility.

**Needs:**

This hospital has the potential to serve as the major referral hospital for the area. Reestablishment of it is recommended. The recommendations in this regard, made by the previous SMU mission are still valid and should be implemented at once.

The following should be considered:

- Generators (and diesel)
- Embankment (project submitted to WFP)
- upgrading of lab possibilities
- X-ray machine and X-ray technician
- Operation theatre
- Presence of a surgeon
- Roof repair
- Repair of septic Tank
- Medical, surgical and support staff
- Furniture

Many of these items are already being prepared by IIRO.

## 1.2. AFGHAN WELFARE AND RELIEF COMMITTEE CLINIC (SUPPORTED BY AFGHANISTAN NOTHILFE E.V.)

Visited on 21/11/89

**Building**

The clinic, located just opposite the Nusrat clinic, has been there for 1 year. It is a one story building with a trash pit with medical waste in front of it. The entrance is at the back. There is a waiting room, a consultation room, a dressing room, a pharmacy and an observation room with four beds.

Opening hours: 8-12 and 14-16 hours (but was closed when we visited the facility on 20/11 at 15:00 hours).

Although the sign outside is from Afghan Welfare Relief Committee, the workers are paid by Afghanistan Nothilfe e.V., who also provides the drugs. AWR's involvement is not clear.

**Personnel**

2 health workers run the clinic, one of which was present. Both are paid by Afghanistan Nothilfe e.V.

**Services**

- OPD medical supplies are provided by Afghanistan Nothilfe, no standard list is followed.
- Dressing room in disorder but operational.
  Dental work is done here.
- Four beds are available in daytime, but patients are not kept overnight. We saw no inpatients during our visit.
- The pharmacy was more a storeroom where drugs were kept in their boxes. Also in order.

  This clinic sees 40 patients per day, one or two of which are women (usually for malaria and anemia.)

  The Pech clinic refers 1-2 patients to them if they lack medicine. The clinic itself refers to the Assadabad hospital for diagnostic purposes, especially for Widal tests. (so they say; Widal tests are not available at the Assadabad lab)

## 1.3. ALLIANCE HEALTH COMMITTEE ASSADABAD " PROVINCIAL HOSPITAL"

Visited on 21/ 11/ 1989

Supported by MSH

Run by Jamiat-Islami (the facility is located next to the Jamiat offices)

The facility was closed as Dr. Obaidullah had gone to Peshawar. Two doctors are assigned to the clinic, none of which was present. The health care worker in charge was visiting the AWR clinic.

**Building**

Stone building with examination room, dressing room where minor surgery is performed (2 autoclaves and a pressure cooker were available) a pharmacy (clean but relatively empty) one inpatient room with 3 beds and a room for the medical personnel.

Opening hours are normally 9-12:30 and 8:00-12:00 in winter.

The facility was not functioning when visited.

**Services:**

Normally provides outpatient services, dressing and minor surgical procedures.

Drugs are supplied by MSH.

## 1.4. NUSRAT CLINIC ASSADABAD CENTER

Visited on Nov 21,1989

Supported by SCA
Run by Hezb-i-Islami

The clinic has been there for 1 year

Opening hours: 8-13

**Building:**

Stone building in good condition. Centrally located. There are 5 rooms + waiting room (consultation room, dressing room, pharmacy, meeting room, + one private room).

**Personnel:**

7 health workers (maximal training 2 years) are present, although not all at the same time. We saw 4 health workers, two were visiting the nearly villages and one was on holiday.

**Services:**

The OPD sees 30-35 patients a day (the total patient load of 60/day includes the consultations done in nearby villages by the mobile team). We saw only adult male patients, but the green book which was used had records of women and children as well. 20-30 women per week are seen, mostly with problems of anemia and bronchitis.

Two OPD's refer to Nusrat clinic : Shigal clinic (SCA) and Watapur clinic (SCA ?), when they run out of drugs.
Nusrat clinic refers to Assadabad Hospital, 15-20 patients a week, mostly for diagnosis (Assadabad Hospital has a lab).

Drug are supplied by SCA (4 x N package for 3 months)

The green book is the only patient record wthat is kept.

## 1.5. HEALTH FACILITY WITHIN JAMIAT HEADQUARTERS

2 rooms in the Jamiat party headquarters (commander Khan Mohammed Nizam) serve as OPD. Three health care workers are assigned to it, none of which was present when we visited on December 4. (one was on leave, one was with the Mujahideen, and the one on duty had gone to Peshawar with an injured deminer).

The facility has been in existence for 17 months and is in principle open the whole day. It consists of an examining room and a dressing room/pharmacy.

Medical supplies come from SCA and IIRO. They claim to see 50 patients a day, few of which are women or children.

## 1.6. AL JEHAD CLINIC

Visited on 21/11

Previously supported by MSH with Jamiat Building within old Khad (Afghan Intelligence Service) headquarters.

The worker has moved to Chowki district.

The facility does not exist anymore and should be removed from the database.

# 2.KHAS KUNAR

District south of Chagasarai on the left side of the Kunar river. Khas Kunar was formerly the capital of Kunar province.

The district covers an area of 330 sq.km and comprises 21 villages. Prewar population was estimated at 19,000. Currently about 8,000.

## 2.1. OLD GOVERNMENT HOSPITAL

The hospital, a stone building in good condition, has been divided and houses now two different health facilities, one run by Jamiat/MSH, one by IIRO. Needless to say there is no health reason behind this. Logic dictates that these facilities be merged.

## 2.1.A MSH/JAMIAT FACILITY

Run by Dr. Obaidullah (assistant doctor), responsible for health in Kunar for the Interim Government, and 2 midlevel health care workers. Total staff assigned to the hospital = 6

The facility is operational since 3 weeks only. (staff came from Asmar clinic)

Opening hours : 9:oo-14:oo

**Services:**

OPD: sees 50 patients a day, including women and children. There are 3 days for women's consultations and 3 for males (alternates with similar arrangement by the IIRO facility).

**Dressing room:**

Inpatient facility: 8 beds available (no inpatients seen). Drugs are supplied by MSH, sometimes supplemented by the Interim Government or the Saudi Red Crescent. The pharmacy was well kept and well stocked.

The green book is kept as the only register (although no dates were filled in. At the end of the week, the total number of consultations are divided by 6 and dates added).

Tetanus vaccine is kept at room temperature.

No lab, no X-ray.

3 BHW and 3 clinics in Khas Kunar refer to this facility. 3-4 patients are referred to Peshawar every week, usually for TB, gynecological problems, heart disease and mental problems.

## 2.1.B. IIRO CLINIC IN GOVERNMENT HOSPITAL

OPD staffed by 1 MD and 4 ML health care workers. The doctor, Dr. Farooq was on leave in Peshawar when we visited.

Facility exists since 2 months and provides OPD services (8:oo-16:oo hours). Sees 50 patients per day, 30% are children. Does dressing and has 20 beds (no inpatients seen). Possibility to do surgery (surgical material and 3 autoclaves available).

A Chinese made mobile X-ray machine (model F-30) was present, but not operational as there was nobody who could operate it.

Medical supplies are provided by IIRO and are neatly stored.

No lab.

## 2.2. WELFARE AND RELIEF COMMITTEE CLINIC

Located inside the Salafi Mujahideen compound. Exists since 2 months (was a SCA clinic before)

Staffed by 2 ML health care workers.

2 rooms : one for OPD, one for pharmacy.

**Services:**

Opening hours : 8-13 h.

OPD: sees 50-60 patients per day

No lab, no X-ray, no surgery

3 beds are available for inpatients (none seen). Refers to Al Dawa Surgical Hospital in Peshawar. See few women (2-3 per day) but 10-12 children per day.

Register is kept at the clinic.

Drugs are provided by A.N. Enough drugs are received and are kept in a rather messy pharmacy.

# 3. C H A W K I

District south of Assadabad, on the right side of the Kunar river and on the main road from Jalalabad to Assadabad.

Chowki district covers 249 sq.km and comprises 31 villages. Pre-war population was 22,000 in 1979.There are an estimated 13,000 people now.

There is a ferry connecting Chawki with Khas Kunar on the other side of the river.

## 3.1. IIRO HOSPITAL:

Visited on 23/11

Located in the old Chawki Government Hospital (stone building). Active since 1 year.

### Personnel:

Staffed by 1 doctor (Dr. Asim, Nangrahar University 71) and 3 ML health care workers.

### Services:

Working hours 8-13:00 hours.

OPD: Sees 45-60 patients per day. (50% children) receives referrals from 2 clinics in Noor Gul, as well as non-surgical problems seen at ICRC first aid post. Refers 10-12 patients Peshawar; For TB to Saudi Red Crescent hospital, gynecologic problems to Gynecology and Obstetrics hospital and surgery to ICRC. Children are referred to Kuwait Red Crescent Hospital.

No lab, no X-ray.

Dressing room, but no major surgery is done. Space for 6 inpatients, but none kept for lack of food for them. Drugs are supplied by IIRO. They nicely stored and a stock register is kept.

## 3.2. AL JIHAD CLINIC

Located in the old Justice office. Stone building, nicely painted ; health messages taken from the Koran were painted on the walls. The facility was visited on 23/11.

Personnel:

One ML health care worker (although 5 people are assigned to the clinic)

The BHW were working elsewhere before but brought to Chowki by commander Sadiq, who is claimed to be a doctor himself.

Services:

OPD: Sees 50 patients per day (although 10-12 only are registered, which is probably closer to the truth) Many of them are children. They follow standard treatment guidelines. The green book is present, but is filled in afterwards. No inpatients, no lab.

Has a dressing room.

Refers to IIRO hospital or to ICRC

Drugs are received by MSH and SCA who supply different health workers.

## 3. ICRC FIRST AID POST

Staffed by one MD (Dr. Faizullah)

Does stabilization of war wounded patients before sending them by ICRC ambulance to Peshawar.

This facility only cares for war injured patients. All other patients are referred to the IIRO facility.

First aid courses have been organized for mujaheddin in September to November 1989. About 1000 trainees attended these courses which lasted two days each.

There are 2 well stocked pharmacies in the Chowki bazaar.

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# 4. NOOR GUL

Subdistrict in southwestern Kunar. It covers an area of 370 sq.km and comprises about 18 villages.

The prewar population was 20,000. Current population is about 18,000. Its proximity to Jalalabad (only 26 km) has turned it into a center of Mujahideen activity. The health structure is consequently geared up to cater for the needs of fighting Mujahideen rather than the civilian population. For health planning purpose, one should wait for the situation to stabilize before initiating any major project.

## 4.1. IIRO CLINIC

Exists since 1 year.

In private house : OPD room, dressing room, pharmacy room for health workers.

Support from IIRO, food is provided by Hezb-i-Islami.

**Staffing:** 2 ML health workers

**Services:**

OPD: Sees 60 patients per day, mostly men

Drugs are received from IIRO, neatly stored. A register is kept.

Refers to Chagasarai hospital.

## 4.2. FIRST AID POST

Supported by Lagnatul Dawa al Islamia.

Exists since 10 months.

One room in a private house serves as a first aid post, mostly for wounded from the Jalalabad front. An ambulance is on stand by.

Staffing

One doctor (graduated in Kabul in 1988) and two midlevel health workers. All three health workers assigned to the facility were present. The doctor also supervises the Nawabad clinic.

Patients are referred to Al Fawzan Hospital in Peshawar.

## 4.3. OPD IN THE BAZAR

Located on the main street in Noor Gul; it looks like a pharmacy and is open in the mornings. The staff of the First Aid Post, supported by Lagnatul Dawa al Islamia, hold consultations here.

50 patients are seen daily, mostly men.
Drugs are provided by LDI.

The doctor had just received drugs for treating TB patients with a short course chemotherapy treatment schedule. (2 RZSH/4RH). The diagnosis is made by the Nawabad lab. No register is kept and the doctor admits he has no way of enforcing compliance.

Tetanus vaccinations are given to wounded patients. The vaccine is stored at room temperature.

4.4. There is no ICRC first aid post anymore in Noor Gul. The facility has moved to Chowki.

# 5. S A R K A N I

District in southeastern Kunar, on the left side of the Kunar river.

The district comprises 299 sq.km and 33 villages. Heavy destruction took place during the war. Of the prewar population of 15,000, most have left for the refugee camps in Pakistan.

## 5.1. SHAEED SAYED AHMAD HOSPITAL

Visited on 22/11

Clinic supported by Hezb-i-Islami.

**Building:**

Stone building (also Hezb-i-Islami headquarters of Sarkani; commander Qari Fazl Rabi). 8 rooms, include an examining room, dressing room, pharmacy , 2 rooms for inpatients, possibility for 10 beds.

The facility exists since 1 year

**Personnel:**

Staffed by one Afghan MD (Ningrahar university 1982) and a midlevel health care worker.

**Services:**

OPD: Sees 30 patients per day, 10-15 of which are children. Women are seen also, mostly with problems of typhoid fever, TB and malaria.

Open 8-16:oo hours.

Dressing room limited inpatient facilities.

No lab; no X-ray.

Drugs are provided by Hezb-i-Islami in sufficient supplies,

Tetanus vaccinations are provided for injured patients and the tetanus is kept on the shelf at room temperature.

10-12 patients, mostly injured, are referred to Afghan Surgical Hospital in Peshawar. TB treatment is not done, patients are referred to Kuwait Red Crescent facility at Nawa Pass.

## 5.2. WR FACILITY INSIDE MUJAHIDEEN COMPOUND

There is a sign on the main road, but none on the building. The facility which exists since 3 months consists of 1 room inside an old government building, now occupied by the Salafi Mujahideen. There are plans to build a new facility opposite the Mujahideen compound.
Two health workers are assigned to it, one of which was present.
Twenty patients are seen daily, some children but few women. A register is kept. Patients from far away can stay overnight. Four beds are available for this purpose. Surgical cases are referred to Al Dawa Surgical Hospital in Peshawar. Drugs are supplied by AWR in ample quantities.

# 6. M A R A W A R A

Subdistrict east of Assadabad, on the left side of the Kunar river. Marawara suffered heavy destruction during the war and most of its population has fled to Pakistan. In 1979, its population was believed to be 12,000. The current population is largely made up of Mujahideen.

## 6.1. SCA CLINIC

2 rooms (+ dressing room under construction) in a private house one midlevel health care worker (6 months training by Union Aid medical training course and 3 months BHW course by MSH) serves a population of about 6,000. The facility exists since 1 year.

### Services

Does OPD work (30 patients per day) as well as dressing. The green book is used as a register.

Drugs are received from SCA, but Union Aid provides tetanus injections (kept at room temperature) for wound management. No other vaccinations are done; Union Aid also provides small supplies of Tetracycline and Paracetamol.

Small number of women (5) and children (5) are seen daily. No special programmes for them.

## 6.2. MSH HEALTH FACILITY IN THE OLD SCHOOL

3 MSH - BHW have occupied one room in the old school of Marawara.

Although they do not even possess a stethoscope, otoscope or blood pressure apparatus, they do consultations. They see 10-12 people a day, and use the green book as a register. They receive drugs from MSH (D list).

This facility exists since 20 months, when the health care workers moved to Marawara from other locations.

Food is provided by Harakat-e-Inqilab Islami. Referrals are made to Assadabad hospital if necessary.

## 6.3. MSH HEALTH FACILITY IN MARAWARA FORT

One BHW (3 months training) has opened a one room facility in the Marawara fort. He does consultations here 3-4 days a week.

All three facilities are within 50 meters of each other.

# 7. N A W A B A D

Strategically located on the road from Assadabad to Chowki and the bridge over the Kunar river towards the Nawa pass. Most traffic to Pakistan will pass through Nawabad. There is a small but busy bazaar.

## 7.1. MUJAHIDEEN FIRST AID HOSPITAL, DR. SAYED AHMAD (ALSO CALLED: ADWAL CLINIC)

Supported by Legana Tul Dawa

**Facility:**

Located opposite the bridge, in the old guest house of the malik (occupied by government soldiers before). The facility exists since 15 months and comprises 5 rooms : examination room, pharmacy, lab, inpatient room (locked), private room.

**Services:**

OPD: Sees 50-60 patients a day (we did see only 2 patients during our visit).

The main attraction of the facility is the malaria lab. It does malaria examinations for other facilities. Currently only malaria smears are done, but much more could be done with little additional effort. There are 7 beds for hospitalization.

The health centers of Sarkani, Narang and Badil refer to Nawabad and Chagasarai hospital reportedly sends malaria slides for examination.

The facility itself refers patients to Al Fawzan Hospital in Peshawar, usually TB or injuries.

Medical supplies are provided by LTD, but the supplies for 3 months reportedly last only one month.

10-15 women are seen daily for common complains. Methergin injections are available.

Tetanus injections are reserved for injuries. Tetanus is kept in a thermos with ice which last for a week (according to the doctor).

20-30 children are seen daily. No vaccinations are done.

The doctor from Noor Gul clinic comes 1-2 days a month to do consultations.

## 7.2. BAGHA SALAR CLINIC

Non existent anymore.

# 8. N A R A N G

## 8.1. IIRO FACILITY:

Nice facility (3 rooms in a private house), freshly painted , but located off the road along the river. One has to drive in the river bed of a small river to get there.

Three health workers are assigned to the facility, one of which was present (one was on leave, one at the front). Several children and women were waiting for the consultation. 50-70 patients are seen daily. 20-25 children, 5-10 women. The OPD is open all day.

Services:

OPD services are provided. The facility consists of an examination room and a dressing room/pharmacy. Drugs are supplied by IIRO and their supervisor visits monthly.

A patient register is kept with records of all consultations.

## 8.2. AFGHAN NOTHILFE CLINIC IN ANLF COMPOUND

Located on the main road in Badil/Narang, this OPD consists of one room for consultations and a small storage space for drugs. It exists for more than one year.

Three health workers are assigned to it, one supported by AN, two others are basic health workers supported by MSH.

Services:

OPD services: Sees 40 patients daily. Only 10-15 were recorded in the register, which is probably closer to the truth. Four other BHW refer patients to them and difficult patients are referred to AN hospital in Naserbagh (Peshawar); usually for injuries or tuberculosis.

Very few women and children are seen (5-6 in total daily) Drugs are supplied by AN and MSH.

## 8.3. SCA CLINIC (LOMATAK/ NARANG)

Located on the main road Narang-Nawabad, this facility opened only on 25/11/89. It is located in a private house were it occupies one room, but expansion to 5 rooms is planned.

The novelty certainly attracted many people and they saw 60 patients for the first few days of their existence.

The facility is open from 8 to 14:oo hours and serves a population of 10,000 (this includes the side valleys.) Medical supplies are provided by SCA and a green book is kept as a record.

8 health workers are assigned to it, 4 of which go with the Mujahideen (Salafi) to the front on a rotational basis. We saw 3 health workers present, one was in the villages.

. mumps epidemic was going on in the area with 25 cases seen in 3 days.

SALAM MOBILE UNIT
KUNAR
NOV 19 - DEC 10

REPORT ON HEALTH BY WHO

## 1. EXISTING SITUATION

Before the war in 1979, the health system in Kunar consisted of a referral hospital in Assadabad and 6 district health centers (in Chowki, Khas Kunar, Manugai, Asmar, Barikot and Kamdesh).

The Assadabad hospital was in use throughout the war and Soviet doctors worked and lived there along with Afghan doctors.

Although the hospital was taken intact by the Mujahideen in December 1988, a lot of destruction happened immediately after the take over.

The first Kunar SMU (December 1988) reported the health infrastructure as almost non-existent. The monitoring trip II (June 1989) reported the situation as rather chaotic and haphazard.

The situation at the moment (December 1989) is as follows:

Two parallel health systems seem to have evolved, reflecting the political division in Kunar. One system is supported by the political parties that make up the seven party alliance of the Interim Government. The usually receive NGO support from MSH or SCA and are staffed by midlevel health care workers.

The second system is supported by the Salafi movement and usually receives NGO support form IIRO, AN or ISRA. Often the Salafies have been able to obtain the old government hospital buildings and have been able to attract fully qualified doctors (recent graduates of Afghan universities) for the district health centers, which they supply in large quantities with medical supplies.

In many locations, there is thus an unnecessary duplication of health centers, the most striking example being Khas Kunar. In this location, the two systems exist parallel to each other in the very same location, the old government hospital. Although the only

# 9. PECH VALLEY

## 9.1. WATAPUR: MSH HEALTH CENTER:

Located just off the main road across the Pech river in Gundil/Watapur, occupying 4 rooms in a private house.

The facility exists since 20 months and serves about 5,000 people (in Kermul village).

### Staffing

Three midlevel health care workers, 2 of which were present. One was on an MSH refresher course in Peshawar.

### Services

OPD services: 40 patients are seen daily, 15 of which are women, usually for malaria, dysentery or skin diseases . 10 children are seen daily. No vaccinations are done and the health worker has not seen any vaccination team.

There is a nicely kept dressing room and five beds are available in case a patient needs to be hospitalized (we saw one such patient who was on IV treatment for malaria).

Drugs are supplied by MSH and they are neatly stored in the pharmacy. The green book is kept as a record. From here, patients are referred to hospitals in Peshawar if necessary.

Food for both patients and workers are paid by the party (ANLF).

## 9.2. BAR KANDAY: ISRA CLINIC

Bar Kanday village is largely destroyed. ISRA has taken over the GAC facility in August 1989. It consists of 5 rooms in a private house, belonging to the ANLF commander. The GAC facility was originally located in Shahilam, but moved to Bar Kanday in July 1989.

Staffing

The clinic is staffed by a Pakistani doctor who studied in Ningarhar and a GAC dispenser with 1 year's training.

Services

OPD Services: Claim to see 80-100 patients per day. There is a dressing room where minor surgery can be done and covered but open air pharmacy. ISRA has so far not yet supplied any drugs and they still work with their left over stock from GAC.

Fifty patients a week ~~or~~ are referred to Peshawar, usually for TB or heart diseases.

30 children are seen daily and 15 women. No vaccinations are done, and there is no record of any vaccination campaign done here.

## 9.3. NANGALAM: AFGHAN NOTHILFE CLINIC

Nanglam was heavily bombed & is totally destroyed. Reconstruction of the bazaar has taken place and the bazaar is now again active. As it is at the end of the road, it is a major trade center for Kanday and Nuristan.

Building

One room clinic in a private building, located on top of a hill and only accessible by a steep climb. The facility exists since 4 years and has somehow escaped the bombing.

staffing

Two midlevel health care workers, one of which was present.

Services

OPD: Is open from 8-12 and sees 30-40 patients per day. The room serves as dressing room and pharmacy as well, although the main stock is kept at the Salafi center.

Few women and children are seen.

A record is kept, which indicated 10-15 patients daily, but the last entry was 6 days ago.

Patients are referred to Manugai clinic or to Peshawar. Drugs are supplied by Afghan Nothilfe e.V. and are sufficient in supply.

## 9.4 MANUGAI: IIRO FACILITY

Just opposite Nangalam, Manugai has shared in the destruction. The district hospital is totally destroyed, and the IIRO facility is located in the old justice office, next to the Salafi headquarters.

The facility consists of 5 rooms in a stone building and a building next to it is prepared to house the X-ray machine. It exists since 5 months.

### Staffing

Six health workers are assigned to it. There is an Afghan MD in Charge, 3 midlevel health care workers and two lab technicians (3 months training by Saudi Red Crescent).

Two workers were present during our visit.

### Services

OPD: Sees 20-30 patients daily. The OPD is open from 8-12 hours. The health centers of Kanday, Sundoray and Lechalam refer to it. Two to three patients a week are further sent to Peshawar.

There is an examining room and a dressing room. The lab is still located in the living room and a monocular Chinese made microscope is available. Also available, but still unpacked, is a Chinese made portable X-ray machine.

10% of the patients consist of women, usually for gynecologic diseases, skin diseases.

5% of the patients are children. No vaccinations are done, but an unspecified Arab committee did vaccinations in June. There is no record of these vaccinations and it is unclear what the children were vaccinated for.

Tuberculosis treatments are not initiated here, but treatments started in Peshawar are continued. Treatment schedule is 6-9 months INH/RIF/ETH. Five confirmed and 35 non confirmed cases are under treatment. There is no special register for TB patients. In case of default, relatives are contacted, but no enforcement can be done.

## 9.5. LECHALAM : IIRO CLINIC

Thirty minutes walk from Manugai on the other side of the Pech river. Facility was closed at the time of our visit with both midlevel health workers (one sick, one on leave) in Peshawar.

## 9.6. KANDY

### 9.6.1. ISRA facility:

One room in a private compound. Staffed by a health worker previously supported by GAC. ISRA has not supplied by worker with drugs since the toke over in August 1989. Not surprisingly, he has very few drugs left.

### 9.6.2. WR facility

Not really operational: One health care worker has been supplied with drugs by WR, but has not yet a place to work. This will have to be within the Salafi Mujahideen compound.

# 10. NURISTAN

Remote and unaccessible area in the east and north of Kunar. The area has not been destroyed, unlike many other parts of Kunar. Nuristan has become a major transit route for Mujahideen. Access is only on foot: 3 hours walk from Nangalam to Want and tough 7 hours walk, climbing more than 1000 feet, from Want to Weygal.

No health services in Want although same drugs are for sale at the local shop, staffed by a MADERA, supported veterinarian staff.

The only physician available in the area is Dr. Afzal who lives in Qal-i--Gal, two and half hours walk from Want. Dr. Afzal is supported by NCA and receives drugs from SCA. He is widely respected and people from all over Nuristan visit him. He gives free the drugs he receives free from SCA, and sells the drugs he has to buy himself. This is well accepted practice in the area.

**Weygal:**

No health centers in Weygal. There is a pharmacy with a 65 year old pharmacist, Mr. Haji Karim Khan, standing in as health worker. He received a two day first aid course at ICRC. He has occasionally received drugs from GAC and Hezb-i-Islami which he gives free. The rest is for sale.

# 11. SHIGAL

## AL-JEHAD CLINIC

Supported by SCA and Hezb-i-Islami .

The facility is consists of 2 rooms in a private compound, just off the main road Assadabad-Asmar.

Shegal valley is heavily destroyed and few people seem to be cultivating their land. Population estimates ranged between 3000 and 8000 people.

One room was used as examining room and one, although marked in Pashtu "female OPD", was used as a pharmacy. The health workers have a living room in the same compound. Opening hours are 9-12 and 13:30 - 15:30. The facility was established in June 1989.

### Building

Two rooms in a private compound.

### Staffing

6 midlevel health care workers are assigned to it, two of which were present.

### Services

OPD sees 35-40 patients per day (10-12 children, 10-15 women)
No inpatients, no lab.
No vaccinations are done and there is no record of any body else having done vaccination.

The green book is used as a register: 7-10 patients were entered daily, but no dates. They were to be addend later.
Drugs are provided by SCA, but in addition drugs are bought from the bazar with money provided by Hezb-i-Islami.

Tuberculosis treatment is done with streptomycin injections during 3 months.

3-3 patients are referred to Assadabad hospital, usually for bomb injuries or surgical interventions.

# 12. ASMAR

## 12.1. MSH HOSPITAL

Old district hospital: Also called "Mushwary's Ibne Sina-e-Balkhi Surgical and Medical Hospital".

Supported by MSH.
Run by Mahaz staff
Visited on 8/12/89

### Building

Stone building. It has been functioning as a hospital for 15 months.

### Services

OPD sees 40-50 patients/day. We ~~did~~ saw only one patients as it was known that the facility had run out of drugs.

5-6 of these are women, 10-12 are children. The green book is kept as a register.

Inpatient facility with 3 beds
Dressing room
Pharmacy, drugs supplied by MSH. Some additional drugs had been received by NCA.

The clinic open all day (7 am - evening). Basic health workers refer to this clinic, as well as one sub-clinic. Usually diagnostic problems or surgical patients.

No surgery is done. There is no lab, no X-ray facilities.

5-6 patients per week are referred to Assadabad or to ICRC in Peshawar.
MSH has 6 vaccinators in Asmar.

### staffing

2 doctors, recently graduated from Kabul university and 2 midlevel health care workers (one and a half year training). One of each was present.

We also met the MSH supervisor, Dr. Habib Rauffih.

## 12.2. AWR CLINIC

1 room inside the Salafi area of the Mujahideen compound. Exists since 7 months and is staffed by 3 midlevel health workers. We saw one health worker who was trained as a nurse at Peshawar nursing college.

40 patients are supposedly seen per day and the facility is always open. We visited twice (on 5/12 and 7/12) and found the facility locked twice. The health worker was around however, to open it. 10 of these are women (for malaria, abdominal pain) and 10-15 are children.

Drugs are supplied by WRC, but does not follow a standard list.

No vaccinations are done except injection of tetanus antitoxin for wounded. This is kept on the desk.

## 12.3. SCA FACILITY

One room inside the same Mujahideen compound, but in the Hezb-i-Islami part of it. Only OPD services.

Nine health workers are assigned to this facility, two of which were present. Previously the health workers were mobile and they still go to other places.
This clinic is a sub-clinic of the Shigal clinic.

40-45 patients are seen daily (we saw none) 10 women, 10-15 children.

The green book is normally kept as a record but was not present when we visited.

Drugs are provided by SCA, but one health worker is supplied by Union Aid. Hezb-i-Islami also provides additional drugs.

Patients are referred to Shigal or to Peshawar.

## 13. BARIKOT

HEZB-I-ISLAMI CLINIC

One room inside the old Khad office. The old government hospital is now a Sayyaf Mujahideen basis has been left to degrade.

This facility exist since 15 months and sees 20 patients per day. Few of these are women or children, but the population of Barikot is almost exclusively male (Mujahid). A register is kept.

One physician (MD Jalalabad 1985) and two nurses (who had left for Peshawar) staff the facility.
Drugs are provided by Hezb-i-Islami, who gets them from Saudi Red Crescent.

logical solution would be to merge the two, there is obviously no political willingness to do so.
Every major center has now at least one health center, except in the for away districts in Nuristan. This is comparable to the situation which existed before the war.

**Staffing:**

Looking at the numbers of health care workers for Kunar in the various databases in Peshawar, one would erroneously assume there is an oversupply. The system is such that many health care workers are assigned to a facility, while few are present. We found usually one or two members present, but never all of them.
As all health care workers keep their families in Pakistan, they go and see them on a regular basis. In addition, the drug supply system usually requires the health worker to go to Peshawar with their Green Book. This practice results in health workers being frequently absent

**Activities:**

Although most health centers claim to see somewhere between 50 and 100 patients a day, we very rarely saw any patients present, even though we visited at all times of the day.

All the health centers are entirely curatively oriented. Preventive health care is totally absent, centers are not used as a starting point for vaccinations, mostly because cold storage facilities are lacking. Women's health care is not addressed for religious and cultural reasons and health education is not done. We did not see a single female health care worker in the whole of Kunar. [There is no surgical referral center in the whole of Kunar and all surgical patients have to referred to Pakistan.]

Different health centers all function as OPD's (Outpatient Departments or dispensaries), no matter what their official title is. Differences in quality depend on the level of training of the health workers and the supply of drugs. The popularity of a center depends more on the number of drugs dispensed than on the competence displayed.
As such, there is not a single hospital in Kunar, i.e. a center to which other health centers can refer, keep inpatients, have 24 medical surveillance etc. Peshawar is the de facto referral center for all the OPD's in Kunar.

Vaccinations campaigns have been done by different agencies, but we were unable to find any record of them in any health care center.

## The System of Basic Health Workers

Many basic health workers (having a training of less than six months) are active in Kunar. The concept of the basic health worker as the cornerstone to a health system is in line with the principles of Alma Ata and has been applied to the health care system in the Afghan refugee camps in Pakistan.

Inside Afghanistan, the system however lacks two key ingredients and their absence impedes the well functioning of the system.

These two ingredients are a proper supervision and the possibility to refer patients to secondary care facility in Kunar.

Few if any of the basic health workers work in a system where a supervisor visits regularly and provides feedback and additional training.

As there is no place in Kunar where a difficult patient can be referred to (only Peshawar is available), the basic health worker is often forced to perform tasks for which he was never trained.

Many have thus been forced to perform the duty of the local doctor, often with disastrous results. Diagnostic skills are often extremely limited (not surprisingly for a health worker who had less than 6 month's training), and the therapeutic action often bears little relationship to the diagnosis made.

Therapeutic practices are sometimes harmful (e.g. some TB treatments), often inappropriate (overprescription of antibiotic drugs, often for short duration only)

Retraining and upgrading of their capability is imperative as long as proper supervision can not be done.

Some agencies are already addressing this problem; we were able to meet an MSH supervisor. Most of the monitoring however is still quantitative and not qualitative.

## 2. PLAN FOR THE FUTURE

The health care system we envision for Kunar consists of a classical pyramidal health system. This comprises three levels of health facilities with different functions and responsibilities. The preventive health care activities are to be integrated in this system rather than to be developed as a parallel system.

At the basis of the health system is the basic health unit, staffed by one or more basic and midlevel health workers. Their functions comprise health education, preventive health care activities and a limited number of curative activities. Every large village should

have at least one basic health worker. Currently, most villages actually do have such a basic health unit already. As they are almost entirely oriented towards curative medicine, WHO should encourage them to expand into preventive health care activities through additional training and the provision of health manuals translated into Dari or Pashtu.

The next step is the district hospital. This is staffed by at least one physician, assisted by midlevel health care workers (training from six months up to two years). The district hospital serves as a referral center for the basic health units and provides supervision and feedback.

At the top of the pyramidal system is one provincial hospital (in Assadabad), which will be the referral hospital for the whole province. Therefore, and because mine injuries are the major health problem in Kunar, there needs to be a surgical facility.
The provincial hospital can be the center from where supervision is provided, where health training can be done, and where a freeze point for vaccinations can be established.

## 3. HEALTH PROBLEMS

The major health problem in terms of mortality is **mine and other war-related injuries**.

Mines have virtually become a part of everyday life. Even in a small village like e.g. Shinkerok, 40 people were killed by mines last year. During our three week trip, we witnessed an explosion next door, causing the death of a man, saw a mine explode when a cow stepped on it and saw what was left of a truck that had run over an anti-tank mine just an hour before on the road Assadabad-Asmar.

There is certainly a need for intensified mine awareness. The health centers can be a place where messages can be passed on. Many mine injuries are not entirely accidental. These devises, exploded as well as unexploded, are collected to be sold as scrap metal. There is a very active scrap metal business going on and in most bazaars, one can see the scales used by the dealers.

Others get injured when they tinker with the explosives in order to recover them for reuse.

A third category gets injured when they walk inadvertedly on a mine.

At the moment there is no facility in Kunar that is capable of dealing with a severe injury. Therefore the first aid treatment becomes all the more important. The first aid treatment is aimed

at stabilizing the patient so that he will be in a position to survive the hazardous transport to the nearest surgical facility.

Every health facility in Kunar should therefore have the ability to provide this first aid to mine victims.

The Assadabad referral hospital should be upgraded to a surgical facility, capable of dealing with mine injuries. This will eliminate the need to send patients to Peshawar for this reason. The whole of Kunar (except Nuristan) is within two hours drive from Assadabad and the reduction of transport time may in fact reduce mortality by mine injuries, provided surgical treatment at the referral hospital is adequate.

## Malaria

Malaria is the second most important health problem mentioned by the health workers.
As very few health centers benefit from laboratory confirmation, it is unclear how much of these diagnoses are really malaria.
In most cases, fever is equated with malaria. This may lead to an exaggerated perception of the problem.

Before engaging in any drastic action, the real extent of the problem needs to be established.

The first step is to ensure a proper diagnosis is made. To that purpose, a laboratory confirmation of the clinical malaria diagnoses needs to be done. As most of the health facilities do not have access to a microscope at the moment, a sample survey should be done in order to check the accuracy of the clinical malaria diagnoses.

The second step is an evaluation of the quality of the existing laboratories. At the moment, laboratories exist in Assadabad, Nawabad and Noor Gul. The quality of the staining and accuracy of the the diagnoses made needs to be documented.

At a later stage, a prevalence survey needs to be done, e.g. in the schools, in order to establish how prevalent malaria is in the general population.

With the information available at the moment, the approach will be to concentrate on rapid diagnosis and prompt treatment as well as personal protection.

## Tuberculosis

Tuberculosis is reported to be very common and to constitute a third major health problem.

Treatment is usually not available and patients are generally referred to Peshawar. No tuberculosis treatment programmes are ongoing at the moment.

In view of the unstable situation, the impossibility to enforce any treatment schedule and the fact that the health coverage is not always continuous (health workers not infrequently leave and close the facility during that period), seeing that there are very few functioning labs and no strong shura either willing or capable to impose strict treatment protocols, we feel it is not advisable to initiate any large scale tuberculosis treatment programmes in Kunar at the moment.

MONITORING REPORT

**Facilities visited:**

**1. ASSADABAD**

1. Al Jihad Hospital (Old Government Hospital), IIRO
2. Alliance Health Committee Clinic ("Provincial Hospital") MSH/Jamiat
3. Nusrat Clinic, SCA/HIG
4. AWR Clinic , AWR/AN
5. Jamiat health facility in party headquarters

**2. KHAS KUNAR**

1. Old Government Hospital
   - MSH/Jamiat facility
2. Old Government Hospital
   -IIRO facility
3. AWR facility

**3. CHOWKI**

1. IIRO Hospital
2. Al Jihad Clinic (MSH/SCA/Jamiat)
3. ICRC First Aid Post

**4. NOOR GUL**

1. IIRO Clinic
2. LDI First Aid Post
3. LDI OPD

**5. SARKANI**

1. Shaheed Said Ahmad Hospital, HIG
2. AWR facility

**6. MARAWARA**

1. SCA clinic
2. MSH health facility in the old school
3. MSH BHW in Marawara Fort

**7. NAWABAD**

1. Mujahideen First Aid Hospital (Adwal Clinic), LTD

**8. NARANG**

1. IIRO facility
2. Afghan Nothilfe clinic (AN/MSH/ANLF)
3. SCA Clinic Lomatak/Narang

**9. PECH VALLEY**

1. MSH Health Center Watapur
2. ISRA Clinic Bar Kanday
3. Afghan Nothilfe Clinic Nangalam
4. IIRO Hospital Manugai
5. IIRO Clinic Lechalam
6. ISRA facility Kandy
7. AWR health worker Kandy

**10. NURISTAN**

**11. SHIGAL**

1. AL Jihad Clinic SCA/HIG

**12. ASMAR**

1. Mushwany Ibne Sina e Balkhi Surgical and Medical Hospital (Old Government Hospital) MSH/MAHAZ
2. AWR Facility in Salafi Compound
3. SCA in HIG Compound

**13. BARIKOT**

1. HIG Facility

## 4. RECOMMENDATIONS

1. Upgrade the Assadabad Hospital to a surgical referral center for the whole Kunar province.

2. Rehabilitate and upgrade the health facilities in Khas Kunar, Chowki, Asmar and Manugai to the level of district referral center.

3. Strengthen existing and establish new midlevel health care centers if necessary in the principal villages.

4. Expand the activities of the health care centers into preventive health care.

   A freeze point should be established in Assadabad, from where vaccinations should be organized. The existing health care centers should be actively involved in the vaccination campaign.

   Health education should however not be restricted to the health centers; the schools should be actively involved.

5. WHO should establish a regular presence in Kunar, based in Assadabad. The role of the WHO representative should be the monitoring of the health and health infrastructure in Kunar, to provide information on health care matters and to act as a focal point for agencies working in health in Kunar.

6. For Nuristan a place should be reserved in a midlevel health care course for at least one person from Weygal. The person will than be the focal person for health in that location. Although the team did not visit Kamdesh or Bargey Matal, this recommendation is probably also valid for these locations.

7. There is a need to document the extent of the malaria problem in Kunar. A prevalence survey should be done in next spring

   The lab facilities of the referral hospital as well as the district hospitals should be assisted and upgraded where necessary.

8. The health centers should be a focal point where mine awareness messages can provided to waiting patients and other visitors. WHO and UNOCA should provide a kit which contains first aid material to cater for mine injury patients as well as mine awareness information, paint to mark mined areas etc. Every health center should have such a kit.

# 1. ASSADABAD

District in central Kunar, capital of the province. It covers an area of 400 sq.km and comprises 30 villages.

It has an active bazaar and was the seat of both shura's as well as the governor. Both the Interim Government Shura as well as the Salafi Shura merged during our stay (December 89) elections will be helt soon.

Of the prewar population of 300,000, most have migrated to Pakistan. Current population is estimated as. ______

Chagasarai is the old name of the town. The name Assadabad was introduced during the time of Daoud ( ___ ) when the administrative center was built up.

## 1.1. ASSADABAD HOSPITAL

Also called "Al Jihad Hospital" by the Alliance Shura and "Sayed Jamal-u-Din Afghani Hospital" by IIRO, which is its major support agency.

This facility was the referral hospital for Kunar prior to the war. It was a 50 bed hospital with two operation theatres, X-ray, lab and OPD.

The hospital was in use by the Kabul government throughout the war but was severely damaged when the Mujahideen took over.

We visited the facility several times.
On 21/11 we were refused entry in the afternoon and visited again on 22/11. Both doctors, Dr. Assadullah Faizi and Dr. Mian Gul had gone to Peshawar at the same time for a meeting, leaving the facility without doctors coverage. Normally, there is always one doctor present.

Previously, Hezb-i-Islami supported the clinic, but since August, IIRO has taken the responsibility for salaries, although personnel supported by Hezb-i-Islami continue to receive their Hezb salary.

# WORLD HEALTH ORGANIZATION

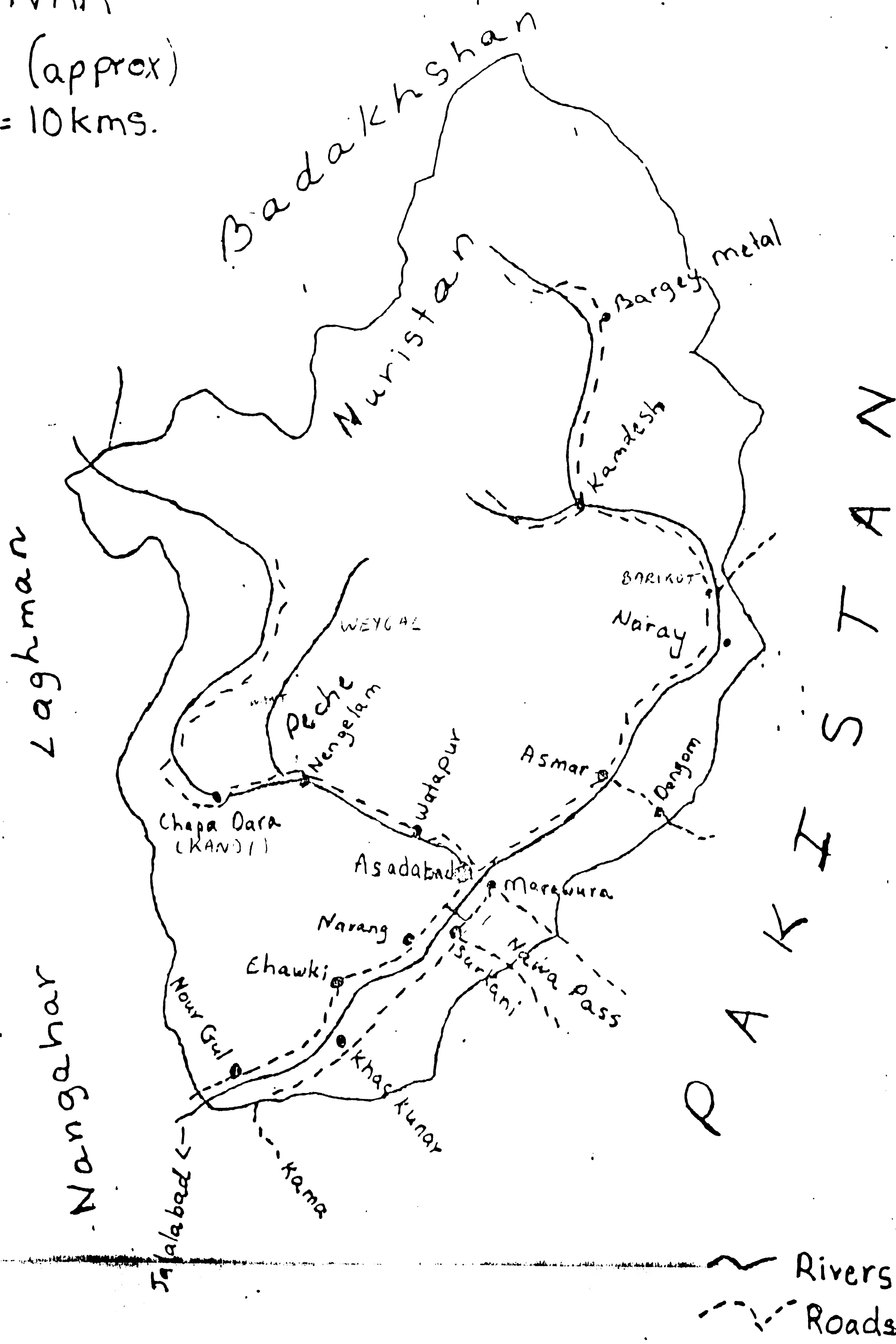
# REPORT ON HEALTH IN KUNAR

Salam Mobile Unit
Nov 18 - Dec 10
1989

Dr. Rudi Coninx

# KUNAR

Scale (approx)
1cm = 10kms.




Rivers
Roads/track